

FINAL RETURN EARNED INCOME TAX

City of McKeesport/McKeesport Area School District

Taxable Year: _____

Due: April 15, _____

Part-Year Residents Indicate Residency Dates (Mo/YY _____ To Mo/YY _____) (Dollar amount only)

1. a. Gross Compensation/Earned Income (Attach W-2, 1099 Forms) _____
b. Un-reimbursed Employee Expenses (Attach Federal 2106, PA UE 1) _____
Compensation (Total 1a minus 1b) _____
2. Net Income/Loss Partnership(s) (Attach K-1) Loss ☐ 2. _____
3. Net Income/Loss Operation Business, Profession or Farm (Attach Sch C, F) Loss ☐ 3. _____
4. Net Income/Loss Rental Property (Attach Sch E) Loss ☐ 4. _____
5. Total Taxable Earned Income/Compensation (Combine Lines 1C, 2, 3, and 4) 5. _____
(Note: Line 2, 3, and 4 **cannot** be less than zero)
6. Calculate Tax Due (multiply Line 5 by .017) (City .012/MASD .005) 6. _____
7. Total Tax Withheld (W-2) 7. _____
8. a. Credit from Prior Year return \$ _____
b. Quarterly Payment to City \$ _____
c. Other \$ _____
d. Combine 8a, 8b, and 8c TOTAL \$ _____
8. _____
9. Total Payments and Credits (Combine Lines 7 and 8) 9. _____
10. Overpayment (If Line 9 is greater than Line 5) ☐ Credit to Next Year ☐ Refund 10. _____
11. Unpaid Tax Balance (If Line 9 is less than Line 6) _____
12. Penalty and Interest (Refer to Instruction on Back) 12. _____
13. Total Payment Due (Line 11 plus Line 12) No Payments under \$1.00 required.
(MAKE CHECK OR MONEY ORDER PAYABLE TO McKEESPORT CITY TREASURER) 13. _____

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREON IS TRUE AND CORRECT. PERMISSION IS GRANTED TO MAKE INQUIRY WITH OTHER DISTRICTS TO RECOVER ANY TAXES DUE

SS# _____

Signature of Taxpayer

Date

Employer

Telephone No.

Signature of Preparer

Date

Telephone No.

THIS FORM TO BE COMPLETED AND FILED BY ALL PERSONS SUBJECT TO TAX. ALL ACCOUNTS SUBJECT TO AUDIT AND COMPARISON TO PA DEPT. OF REVENUE INCOME REPORTS. REFUND MAY BE REDUCED BY TAX LIABILITY OWED FOR PRIOR TAX YEARS OR TAX TYPES. YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS DISCLOSURE STATEMENT" BY CONTACTING THE LOCAL TAX OFFICE LISTED ABOVE.